

Veteran Intake Form – Coats Cares for Veterans LLC

Section 1: Basic Information

Full Name:	
Date of Birth:	
Address:	
Phone Number:	
Email:	

Section 2: Military Service

Branch of Service:	
Dates of Service (Start – End):	
Discharge Status:	
Combat Service (Yes/No):	
Deployments/Service Locations:	

Section 3: Current VA Disability Status

Service Connected (Yes/No):	
Conditions & % Ratings:	
Currently Appealing? (Yes/No):	
Conditions on Appeal:	

Section 4: Medical History

Current Diagnoses:	
Medications:	
Allergies:	
Treatment Providers:	

Section 5: Symptoms Checklist

General: Chronic pain, Fatigue, Sleep problems	
Neurological: Headaches, Memory issues, Concentration problems	
Psychiatric: Anxiety, Depression, PTSD symptoms	

ENT: Tinnitus, Hearing loss	
Musculoskeletal: Back pain, Joint pain, Limited mobility	
Other:	

Section 6: Service Connection

Conditions related to service:	
Secondary conditions (Yes/No, explain):	

Section 7: Claim Goals

New Service Connection / Increased Rating / Secondary / Other:	
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Section 8: Consent

Consent to Telehealth (Yes/No):	
Consent to release info for DBQs/Nexus Letters (Yes/No):	
Acknowledgement of Independent Provider (Yes/No):	
Signature:	
Date:	